



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

July 29, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Jack and June's, 300 Canopy Street #150 requesting a class C/E liquor license.

Kevin Shinn has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the applicant is a currently approved owner / manager.

The applicant completed the required training on 10-14-2010.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Jack & June's

Street Address #1 300 Canopy Street, Suite 150

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68508

X Premise Telephone number TBD upon final permit E-mail Kevin@breadandcup.com

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Kevin Shinn

Street Address #1 356 S. 53rd

Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68510

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length \_\_\_\_\_ feet

Width \_\_\_\_\_ feet

Is there a basement? Yes ☐ No ☐

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

FORM 100  
REV 02/2013  
PAGE 4

*See attached diagram*

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICANT INFORMATION**1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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CONTROL COMMISSION

## 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

## 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

## 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) \_\_\_\_\_

Union Bank 70th & Pioneers, Lincoln, NE

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Canopy Concepts LLC

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

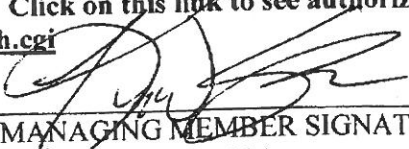
Premise Trade Name/DBA: Jack & June's

Premise Street Address: 300 Canopy Street, Suite 150

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: TBD upon final permit

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:

☒ MALE

☐ FEMALE

Last Name:

Shinn

First Name:

Kevin

MI:

W

Home Address (include PO Box if applicable):

356 S. 53rd

City:

Lincoln

County:

Lancaster

Zip Code:

68510

Home Phone Number:

402-730-8225

Business Phone Number:

X

Social Security Number:

Drivers License Number & State:

NE

Date Of Birth:

1/1/

Place Of Birth:

Bartlesville, OK

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information:

Spouses Last Name:

Shinn

First Name:

Karen

MI:

R

Social Security Number:

Drivers License Number & State:

OK

Date Of Birth:

1/1/

Place Of Birth:

Cortez, CO

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	8/90	present	Lincoln, NE	8/90	present

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Form 103  
Rev 11/2012  
Page 3 of 5

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
8/90 <del>5/05</del> 5/05	Christon Challenge	Brett John	402
5/05 present	Self-employed	Bread & Cup	402-438-2255

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Bread & Cup 440 N 8th St Suite 150

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

prints enclosed

5. List any alcohol related training and/or experience (when and where).

Hospitality/Alcohol manager training - Lincoln Police  
within last 2 years



CERTIFICATE OF LIVE BIRTH			
State of Oklahoma - Department of Health			
1. PLACE OF BIRTH Washington		2. USUAL RESIDENCE OF MOTHER Oklahoma	
3. CITY, TOWN OR LOCATION Bartlesville		4. COUNTY Washington	
5. NAME OF HOSPITAL Jane Phillips Episcopal Hospital		6. STREET ADDRESS R. R. 2, Box 145	
7. CHILD'S NAME REVLA		8. SEX F	
9. DATE OF BIRTH JUL 16 1963		10. TIME OF BIRTH 11:52	
11. FATHER'S NAME Jack Wilson		12. MOTHER'S NAME Shinn	
13. FATHER'S ADDRESS Kansas		14. MOTHER'S ADDRESS Oklahoma	
15. FATHER'S OCCUPATION Programmer		16. MOTHER'S OCCUPATION Philips Petroleum Co	
17. FATHER'S COLOR OR RACE White		18. MOTHER'S COLOR OR RACE White	
19. FATHER'S SIGNATURE J. W. Wilson		20. MOTHER'S SIGNATURE Shinn	
21. DATE RECEIVED BY STATE REGISTRAR JUL 23 1963		22. CLERK'S SIGNATURE C. C. Carr	

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CERTIFIED  
COPY



State Department of Health

1400 NORTH LINCOLN

OKLAHOMA CITY 9, OKLAHOMA

JUL 17 2013

NEBRASKA LIQUOR  
CONTROL COMMISSION

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE AND CORRECT COPY,  
ORIGINAL OF WHICH IS ON FILE IN THIS OFFICE. IN TESTIMONY  
WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND CAUSED THE  
OFFICIAL SEAL TO BE AFFIXED, AT OKLAHOMA CITY, OKLAHOMA,  
THIS 20 DAY OF AUGUST 1963.

C. C. Carr  
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

BIRTH NO. 105-

DEPARTMENT OF HEALTH  
EDUCATION AND WELFARE  
PUBLIC HEALTH SERVICE  
Form V.S. 15

State of Colorado

CERTIFICATE OF LIVE BIRTH

REGISTRAR'S NO. 378 DIST. 189

1. PLACE OF BIRTH a. COUNTY <u>Montezuma</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Colorado</u> b. COUNTY <u>Montezuma</u>	
b. CITY, TOWN, OR LOCATION <u>Costa</u>		c. CITY, TOWN, OR LOCATION <u>Costa</u>	
c. NAME OF HOSPITAL OR INSTITUTION <u>Southwest Memorial Hosp.</u>		2. STREET ADDRESS <u>711 Wedgewood</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME (Type or print) First <u>Nancy</u> Middle <u>Renee</u> Last <u>Hendrick</u>			
4. SEX <u>F</u>		5. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		8. DATE OF BIRTH Month <u>11</u> Day <u>18</u> Year <u>1959</u>	
7. NAME First <u>Travis</u> Middle <u>Renee</u> Last <u>Hendrick</u>		9. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Massachusetts - Ark</u>	
11. USUAL OCCUPATION <u>Shell Oil</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Shell Oil</u>	
12. MAIDEN NAME <u>Betty</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Virginia New Mexico</u>	
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <u>0</u>			
17. MOTHER'S SIGNATURE <u>Betty Hendrick</u>			
18. MOTHER'S MAILING ADDRESS <u>711 Wedgewood - Costa, Colorado</u>			
18a. SIGNATURE <u>A. G. Mackison</u>		18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) <u></u>	
18c. ADDRESS <u>Costa, Colorado</u>		18d. DATE SIGNED <u></u>	
19. DATE RECD. BY LOCAL REG. <u>Dec. 18 1959</u>		20. REGISTRAR'S SIGNATURE <u>Margaret Calhoun</u>	
		21. DATE ON WHICH GIVEN NAME ADDED BY <u></u> (Registrar)	

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CONTROL COMMISSION

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED NOV 19 1998

CAROL J. GARRETT, P.H.D.  
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

SL  
01055353



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Applicant

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

✓ Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

✓ Name of Registered Agent: Kevin Shinn

✓ Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Canopy Concepts LLC

LLC Address: 2309 Lake St.

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 402-730-5500 LLC Fax Number: —

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Shinn First Name: Kevin MI: W

Home Address: 356 S. 53rd City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-730-0225

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster

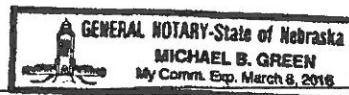
The foregoing instrument was acknowledged before me this

Date 07/02/13

by Michael B. Green  
name of person acknowledged

Date

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Runge First Name: Clinton MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Kristin Runge  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 12.68% 14.08%

Last Name: Hull First Name: Charles MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Summer Whaley Hull  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 12.68% 14.08%

Last Name: Cheers Lincoln LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
(see attached)  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): N/A  
Spouse Social Security Number: N/A Date of Birth: N/A  
Percentage of member ownership 42.25%

Last Name: Urban Investment Company LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
(see attached)  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): N/A  
Spouse Social Security Number: N/A Date of Birth: N/A  
Percentage of member ownership 19.90% 17.08%

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REV 12/2010  
Page 2 of 4

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: 55 Degrees Hospitality Co LLC First Name: MI:

Social Security Number: (see attached) Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 12.50%

Last Name: Shinn First Name: Kevin MI: W

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Karen R Shinn

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 0

Signed  
Print  
PL  
Voter

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_ JUL 11 2013

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ NEBRASKA LIQUOR  
CONTROL COMMISSIO

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Don R. Janssen

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Cheers Lincoln LLC

LLC Address: 440 N. 8th St., Suite 140

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-477-6767 LLC Fax Number: 402-477-6781

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: WRK Management, LLC First Name: - MI: -

Home Address: 440 N. 8th St., Suite 140 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: 402-477-6767

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster

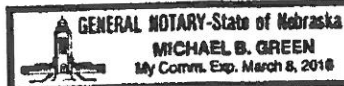
The foregoing instrument was acknowledged before me this

by Michael B. Green  
name of person acknowledged

Date

07/03/13

Affix Seal



1a

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Pobb, LLC First Name: — MI: —

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: Prataria Ventures, LLC First Name: — MI: —

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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CONTROL COMMISSION

Last Name: WRK, LLC First Name: — MI: —

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: Chief Industries, Inc. First Name: — MI: —

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: See Attached Flow Chart First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_